



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805) 781-4211
Email: ehs@co.slo.ca.us

PERMIT APPLICATION REVIEW FOR PUBLIC WATER SYSTEM

NAME OF PUBLIC WATER SYSTEM _____ Property APN _____

SCOPE OF WORK (CHECK ALL THAT APPLY):

- NEW CONSTRUCTION ALTERATION TREATMENT—SPECIFY
EXISTING SB 1263 TECHNICAL REPORT TECHNICAL MANAGERIAL FINANCIAL (TMF) CAPACITY REPORT
SOURCE OF WATER: WELL NUMBER OF WELLS SURFACE WATER

APPROXIMATE COMPLETION DATE _____ (PENDING APPROVAL OF PLANS*)

INCLUDED WITH APPLICATION:

- ONE DIGITAL SET OF COMPLETE, EASILY READABLE PLANS DRAWN TO SCALE (MINIMUM OF 1/4" PER FOOT).
A HARD COPY MAY BE SUBMITTED, BUT A DIGITAL COPY IS REQUIRED.

PLEASE NOTE:

- TMF REVIEW WILL NOT BEGIN UNTIL SB 1263 APPROVAL HAS BEEN OBTAINED
ALLOW 6 MONTHS FOR SB 1263 REVIEW AND A MINIMUM 6 MONTHS FOR TMF REVIEW (NOT CONCURRENT)
PERMIT APPLICATION REVIEW WILL BE BILLED AT CURRENT EHS HOURLY RATE
PERMIT WILL NOT BE ISSUED IF THERE ARE OUTSTANDING REVIEW FEES
BUILDING PERMITS WILL NOT BE CLEARED TO ISSUE UNTIL ADEQUATE TMF IS SUBMITTED

*CONSTRUCTION MAY NOT BEGIN UNTIL PLANS ARE APPROVED IN WRITING BY THIS DEPARTMENT

*HEALTH DEPARTMENT APPROVAL EXPIRES IN ONE YEAR IF CONSTRUCTION HAS NOT BEGUN BY THAT TIME

WATER SYSTEM CONTACT INFORMATION

OWNER(S)/RESPONSIBLE PARTY NAME _____

MAILING/BILLING ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE NUMBER _____

APPLICANT REPRESENTATIVE/CONTACT PERSON _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE NUMBER _____

FOR OFFICE USE ONLY

DATE RECEIVED RECEIVED BY ASSIGNED TO ENTERED BY ENTERED DATE

PE# AMOUNT DUE AMOUNT PAID CHECK OR CC AUTH # CASH

NONPROFIT: TAX ID # VETERAN EXEMPT DD214 ATTACHED YES NO

PR# SR# FA# INVOICE NUMBER

INSPECTOR APPROVED DATE